Complete Summary

GUIDELINE TITLE

United Kingdom national guideline on the management of molluscum contagiosum.

BIBLIOGRAPHIC SOURCE(S)

Clinical Effectiveness Group, British Association for Sexual Health and HIV (BASHH). United Kingdom national guideline on the management of molluscum contagiosum. London (UK): British Association for Sexual Health and HIV (BASHH); 2008 Feb 15. 5 p. [11 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of molluscum contagiosum. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Genital molluscum contagiosum
- Human immunodeficiency virus (HIV) infection

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Dermatology
Family Practice
Infectious Diseases
Internal Medicine
Obstetrics and Gynecology
Urology

INTENDED USERS

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

- To enable the healthcare practitioner to reassure a patient with genital molluscum contagiosum (MC) that their condition is harmless and to offer an appropriate plan of management
- To highlight key clinical features that should allow the diagnosis of genital MC to be made with confidence and to outline the treatment options

TARGET POPULATION

Patients in the United Kingdom with molluscum contagiosum

Note: This guideline is aimed primarily at people aged 16 or older presenting to health care professionals working in departments offering level 3 care in sexually transmitted infection (STI) management in England and Wales, tier 5 in Scotland. However, the recommendations are appropriate in all health care settings.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Diagnosis

1. Assessment of clinical features, including signs, symptoms, and evidence of secondary infection
2. Examination of the core of lesions by electron microscopy

Management/Treatment

1. General advice
2. A full screen for sexually transmitted infections

3. Human immunodeficiency virus (HIV) testing in patients presenting with facial lesions
4. Cryotherapy
5. Expression of the pearly core, either manually or using forceps
6. Piercing with an orange stick, with or without the application of tincture of iodine, or phenol
7. Curettage or diathermy under local anaesthesia
8. Podophyllotoxin cream (0.5%)
9. Imiquimod 5% cream for use in men
10. In patients with HIV infection, the introduction of highly active antiretroviral therapy
11. Considerations for pregnant and breastfeeding women
12. Follow-up

Note: There are no medicines licensed for the treatment of molluscum contagiosum (MC) in the United Kingdom.

MAJOR OUTCOMES CONSIDERED

Safety and efficacy of treatment

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A Medline search was undertaken using search terms molluscum contagiosum, genital and randomised controlled trial (RCT). The Cochrane database was also searched under molluscum contagiosum (MC). Trials restricted to children aged <16 years only were excluded. One systemic review of treatment of MC in the Cochrane database was also excluded as it did not consider the treatment of sexually transmitted MC. Two studies involving the use of podophyllotoxin and imiquimod were considered. The study on imiquimod used a 1% cream whereas the 5% preparation is available in the United Kingdom (UK).

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Ia: Evidence obtained from meta-analysis of randomised controlled trials

Ib: Evidence obtained from at least one randomised controlled trial

IIa: Evidence obtained from at least one well designed controlled study without randomisation

IIb: Evidence obtained from at least one other type of well designed quasi-experimental study

III: Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

IV: Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grading of Recommendations

A (Evidence Levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence Levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence Level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Successive drafts of the guideline have been reviewed by the Clinical Effectiveness Group (CEG) of the British Association for Sexual Health and HIV (BASHH). The guideline was posted for comment for 3 months on the BASHH website.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions of the levels of evidence **(I-IV)** and grades of recommendation **(A-C)** are defined at the end of the "Major Recommendations" field.

Diagnosis

- This is usually based on characteristic clinical appearance.
- The main differential diagnosis is with genital warts, which are neither smooth nor umbilicated.
- The core of lesions can be examined by electron microscopy, under which typical poxvirus-like particles will be seen.

Management

General Advice

As the natural history is of spontaneous regression of lesions, treatment is offered for cosmetic reasons only.

Further Investigation

- As other sexually transmitted infections (STIs) may co-exist; a full screen for these should be undertaken (**Level of evidence III, Grade of recommendation B**).
- Human immunodeficiency virus (HIV) testing is recommended in patients presenting with facial lesions (**Level of evidence III, Grade of recommendation B**).

Treatment

The aim is tissue destruction, with viral demise accompanying this. There are no medicines licensed for the treatment of molluscum contagiosum (MC) in the United Kingdom (UK).

Recommended Regimens

- Cryotherapy – apply liquid nitrogen until a halo of ice surrounds the lesion. Repeat applications may be necessary (**Level of evidence IV, Grade of recommendation C**).
- Expression of the pearly core, either manually or using forceps (**Level of evidence IV, Grade of recommendation C**).
- Piercing with an orange stick, with or without the application of tincture of iodine or phenol (**Level of evidence IV, Grade of recommendation C**).
- Curettage or diathermy may be carried out under local anaesthesia (**Level of evidence IV, Grade of recommendation C**).
- Podophyllotoxin cream (0.5%) can be self-applied in men (**Level of evidence Ib, Grade of recommendation A**).
- Imiquimod 5% cream can be self-applied in men (**Level of evidence Ib, Grade of recommendation A**).
- In patients with HIV infection, the introduction of highly active antiretroviral therapy may lead to the resolution of lesions (**Level of evidence III, Grade of recommendation B**).

Allergy

- Treatments to which there is known hypersensitivity should be avoided

Pregnancy and Breastfeeding

- Cryotherapy and other, purely destructive methods are safe.
- Podophyllotoxin is contraindicated. The British National Formulary advises that Imiquimod should be used with caution.

Sexual Partners

- Contact tracing of partners is unnecessary

<u>Definitions</u>:

Levels of Evidence

Ia: Evidence obtained from meta-analysis of randomised controlled trials

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III: Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

IV: Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

Grading of Recommendations

A (Evidence levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for selected recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate diagnosis, treatment and management of patients with molluscum contagiosum

POTENTIAL HARMS

Not stated

CONTRAINDICATIONS

CONTRAINDICATIONS

- Treatments to which there is known hypersensitivity should be avoided.
- Podophyllotoxin is contraindicated in women who are pregnant or breastfeeding.
- The British National Formulary advises that imiquimod should be used with caution in women who are pregnant or breastfeeding.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The study on imiquimod that guideline developers considered used a 1% cream whereas the 5% preparation is available in the United Kingdom.
- The recommendations in this guideline may not be appropriate for use in all clinical situations. Decisions to follow these recommendations must be based on the professional judgement of the clinician and consideration of individual patient circumstances.
- All possible care has been undertaken to ensure the publication of the correct dosage of medication and route of administration. However, it remains the responsibility of the prescribing physician to ensure the accuracy and appropriateness of the medication they prescribe.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Clinical Effectiveness Group, British Association for Sexual Health and HIV (BASHH). United Kingdom national guideline on the management of molluscum contagiosum. London (UK): British Association for Sexual Health and HIV (BASHH); 2008 Feb 15. 5 p. [11 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Aug (revised 2008 Feb 15)

GUIDELINE DEVELOPER(S)

British Association for Sexual Health and HIV - Medical Specialty Society

SOURCE(S) OF FUNDING

Not stated

GUIDELINE COMMITTEE

Clinical Effectiveness Group (CEG)

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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Clinical Effectiveness Group (CEG) Members: Dr Keith Radcliffe, Whittal Street Clinic, Birmingham (BASHH); Dr Imtyaz Ahmed-Jusuf, Nottingham City Hospital (BASHH); Dr David Daniels, West Middlesex Hospital (Chair NAG); Dr Mark FitzGerald, Taunton and Somerset (BASHH); Dr Neil Lazaro (RCGP); Dr Guy Rooney, Swindon and Oxford (RCP); Dr Gill McCarthy, Kingston Hospital (BASHH)

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflict of Interest: None

This guideline was commissioned and edited by the Clinical Effectiveness Group (CEG) of the British Association for Sexual Health and HIV (BASHH), without external funding being sought or obtained.

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GUIDELINE AVAILABILITY

Electronic copies: Available from the British Association for Sexual Health and HIV Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Specifications for the development of UK guidelines on the management of sexually transmitted infections (STIs) and closely related conditions 2005. London (UK): British Association for Sexual Health and HIV (BASHH); 2005. 14 p. Electronic copies: Available in Portable Document Format (PDF) from the British Association for Sexual Health and HIV Web site.

Additionally, auditable outcome measures can be found in the original guideline document.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on December 8, 2000. The information was verified by the guideline developer on January 12, 2001. This summary was updated on August 5, 2002. This summary was updated by ECRI Institute on June 24, 2008. The updated information was verified by the guideline developer on June 30, 2008.

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